## GASOLINE PRICING INCIDENT REPORT

* Note	e: Items marked with an asterisk (*) must be completed or	this incident report cannot b	oe processed.						
*Your Name:		County:	Phone :						
*Address:		E-mail address:							
*City	r:*State:*Zip:	*Incident Date:	Time:AM/PM						
*Station #1:		Station #2:							
*Gasoline Brand Name:		Gasoline Brand Name:							
*Address:									
*City:, IN *Zip:									
Cou	nty: Phone :								
Listed below are the three types of legal violations that the Attorney General can act against. Please check									
the appropriate box to indicate which type you are reporting. Then, answer the related questions.									
□ 1.	Yes No								
	Circumstantial Evidence: Is there circumstantial example, the stations all change their prices at the State law authorizes legal action only if this circumstantial example. To prove an illegal conspiracy, State legislation of the state law authorizes legal action only if this circumstantial example.	same time.) We track the cumstantial evidence is c	ese incidents, but onfirmed by direct						
	<b>Direct Evidence:</b> Did you hear representatives of		ix prices or do you						
<b>Direct Evidence:</b> Do you have information that the		<del>- c</del>	nt to fix prices?						
<b>□</b> 2.									
	What price per gallon were you charged?								
	hat price per gallon was advertised?								
	Where did you observe the incorrect price advertisement (on a sign, on the pump)?								
<b>□</b> 3.	☐ 3. Grossly Excessive Pricing in a Declared Emergency: Charging a grossly excessive price for gasoline when a state of emergency has been declared by the Governor.								
	What caused the emergency (flood, fire, tornado)?								
	What was the price per gallon of regular unleaded gasoline before the emergency?								
	What was the price per gallon of regular unleaded gasoline after the emergency occurred?								
Do you consent to the Consumer Protection Division disclosing to the public the following:									
				Yes	No				
	The nature and status of your complaint and the na Your name?	me of the station?							
Your phone number?									
1 out phone number.									

For what purpose did you purchase gasolin	ne?	Your business	☐ Your family/household ☐ Your farm					
Have you complained to the station?  What action was taken?								
To what other agency have you reported this incident?								
Please describe the incident in detail. Please fixing, a deceptive sales act, or price gouging including receipts, pictures, etc. State law all evidence only if it is confirmed by direct evidence or price to the confirmed by direct evidence or pr	. Please att	ach <b>copies</b> (no	ot originals) of any evidence you have,					
How would you like this matter resolved?								
I certify that the information on this form is respondent and any other person releasing document the Division requests in investigation.	to the Cor	sumer Protec	ction Division any information or					
*Your Signature:			*Date:					
The Consumer Protection Division will send a copy of the contents of your incident report without your conse it can pursue. You may be entitled to compensation or	ent. This office	e represents the	State of Indiana and is strictly limited in what remedies					

## **Attorney General Steve Carter**

may want to contact a private attorney or a small claims court.

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